SKIN AND VENEREAL DISEASES:
M C Q

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PREFACE

Writing a good objective **MCQ** is a difficult task. The need for presentation of the sides of a controversy and the avoidence of questions with few available facts are examples of such difficulty.

The reader must not be satisfied with just finding the correct answers. He has to review and reinforce his comperhension of the various discussed topics. My other books: **"NOTES IN DERMATOLOGY AND VENEREOLOGY"**, **"SKIN AND VENEREAL DISEASES: QUESTIONS AND ANSWERS"**, **"FUNDAMENTALS OF SKIN PATHOLOGY"**, **"COLOURED ATLAS OF SKIN AND VENEREAL DISEASES"**, **"THERAPY"** will be of help

The author

PART I

SKIN DISEASES

GENERAL

1- The thickness of normal epidermis is equal to:

a. One paper of this book
b Two papers of this book
c. Three papers of this book
d. 5 papers of this book

2- The thickness of the dermis is equal to:

a. 2 papers of this book
b. 12 papers of this book
c 20 papers of this book
d. 30 papers of this book
e. 50 papers of this book

3- The thickness of subcutaneous tissue is equal to:

a. 50 papers of this book
b 75 papers of this book
c 100 papers of this book
d. Vary according to the site

4- The number of the sweat glands is:

a. Constant since birth
b Increase after adolescent
c. Decrease with age

5- Density of melanocytes in human skin varies with:

a. Age
b. Sex
e. Race
d. Body region
e. All of the above

6- Human sebacous glands:

a. Are largest where most numerous

b. Are largest where associated hairs are largest

c. Increase in size and number at puberty

d. All of the above

7- Dividing cells of the epidermis:

a. Are all basal cells

b. Divide at random

c. Migrate from the basal layer at random

d. Lose the ability to divide if they migrate from the basal layer

e. Continue to divide.as they migrate upward

8- Macule:

a. Varies in its color

b. Varies in its shape

c. Elevated above the skin

d. Has an umblicated surface

e. Is a primary lesion

f. Varies in its size

9- Weal:

a. Varies in its size

b. Elevated above the skin surface

c. Subside with a scar

d. Transient (1-2 hours)

10- Papule:

a. Varies in its color

b. Its size is more than 10 mm

c. Elevated above the skin surface

d. Its surface may be rough or umblicated

e. Is a secondery lesion

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BACTERIAL INFECTIONS

11. Impetigo is most common in:

a. All age group　　b. Infants and children

c. Adolescence　　d. Old age.

12- The most common site to be affected by impetigo is:

a. Scalp

b. Face especially around the nose and mouth

c. Palms and soles　　d. Oral cavity

13- The primary lesion of impetigo is:

a. Macule　　b. Weal

c. Vesicle on an erythematous base

d. Bulla　　e. Papule

14- The secondery lesion of impetigo is:

a. Scale　　b. Crust

c. Ulcer　　d. Scar

15- The complication of impetigo may be:

a. Poststreptococcal nephritis

b. Rheumatic fever　　c. Food poisoning

d. Erythema multiformis　　e. Urticaria

16- Pediculosis capitis may predispose to:

a. Contact dermatitis
b. Impetigo
c. Alopecia

17- Scar formation occurs in:

a. Impetigo
b. Lupus vulgaris
c. Ecthyma
d. Syphilis
e. Erysipelas
f. Cellulitis

18- Erysipelas is most commonly seen on:

a. Back
b. Face
c. Chest
d. Legs
e. Forearm

19- Erysipclas may be complicated with:

a. Nephritis
b. Rheumatic fever
c. Subcutaneous abscesses
d. Erythema multiformis
e. Septicemia
f. Erythema nodosum

20- A carbuncle begins as a nodule that enlarges to create an inflammatory mass that discharge pus from:

a. Single pustular center
b. Deep ulcer
c. Multiple follicular orifices.

21- Most common factors predisposing to development of recurrent furunculosis is:

a. Anemia
b. Diabetes
c. Nasal and/or perineal carriage of the organism
d. Poor skin hygiene
e. Underlying immune disorder

22- The main local source of staphylococcus pyogens contaminating the skin is:

a. Scalp
b. Nasopharynx
c. Axilla
d. Perineum
e. Mouth

23- The principal carriage site of Streptococcus pyogenes is the:

a. Nares
b. Pharynx
c. Perineum
d. Axilla
e. Umbilicus

24- The causative organism(s) OF IMPETIGO is (are):

a. Streptococcal
b. Staphylococcal
c. Both of the above
d. Neither of the above
e. Not known

25- Fever could be seen in the following bacterial skin infections:

a. Impetigo
b. Erysipelas
c. Cellulitis
d. Ecthyma
e. Carbuncle
f. Abscess

26- The most common sites of carbuncle are:

a. Axilla
b. Back of the neck
c. Palms and soles
d. Shoulders
e. Scalp
f. Hips and thighs

27- The main sites of affection in hidroadenitis suppurative are:

a. Palms and soles
b. Axilla

c. Leg d. Perineum e. Face

28- Topical antibiotic used in bacterial skin infections is better:

a. Not to have any systemic administration e.g. neomycin, bactericin.....

b. Can be administered systemically e.g. terramycin, erythromycin .....

29- Systemic antibiotic is used in impetigo if there is:

a- Affection of the face

b. More than one affected site

c. Lymph gland enlargement.

30- For recurrent furunculosis, the following prophylaxis can be done:

a. Seperate towels to be washed in hot water prior to their reuse

b. Sheets and underclothes to be changed daily and to be washed in boiling water

c. Antibiotic ointment to be applied in nasal vestibule

d. Careful dressing to the furunculosis.

e. Exclusion of diabetes or other possible underlying condition e.g. poor hygiene, obesity, industrial exposure to chemicals and oils.....

f. All of the above.

31- The commonest cause of angular cheilitis is:

a. Vitamin deficiency

b. Syphilis
c. Mechanical (decreased dimension of the bite)
d. Candidiasis
e. Atopic dermatitis
f. Chronic streptococcal infection.

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TUBERCULOSIS

Match the disease with the mode of acquisition:

32- Lupus vulgaris

33- Tuberculosis verrucosa cutis

34- Scrofuloderma

35- Tuberculous chancre

36- Tuberculosis cutis orificialis

a. Primary inoculation
b. Reinoculation
c. Secondary spread

37- The commonest site of affection of lupus vulgaris:

a. Legs
b. Face
c. Buttock
d. Arms
e. Trunk

38- The commonest site of affection of tuberculosis verrucosa cutis is:

a. Buttock b. Hands c. Ankle d. Face

39- The site of affection of tuberculosis cutis orificial:

a. Mouth
b. Around the anus
c. On the genitalia
d. All the above

40- The ulcer formed in orificial tuberculosis is:

a. Painless
b. Painful

41- Tuberculosis orificial is:

a. Not associated with internal tuberculosis

b. Associated with advanced internal tuberculosis.

42- Scrofuloderma occurs on the top of:

a. Tuberculous lymph gland

b. Tuberculous bone

c. Tuberculous joint

d. Non of the above

e. All of the above

43- The lymph glands in tuberculous chancre are:

a. Painful and bilateral

b. Painful and unilateral

c. Painless and unilateral

d. Painless and bilateral

44- T.B. scar is:

a. Unhealthy i.e. active nodules appear in scar tissue

b. Cigerate paper without any new active lesion

c. Unstable i.e. may break down or become cheloidal

d. Non contractile

e. Cause tissue destruction e.g. cartilage

45- Tuberculosis verrucosa cutis may occur in:

a. Doctors b. Pathologist

c. Post-mortum attendants

d. Butchers from tuberculous cattle

e. Patient with active tuberculosis (auto-inoculation)

f. All of the above g. Non of the above

46- The most common groups of affected tuberculous lymph glands causing scrofuloderma are:

a. Lateral sides of the neck

b. Axillary

c. Submandibular

d. Inguinal

e. Supraclavicular

f. Parotid

47- The usual sites of tuberculous bones causing scrofuloderma are:

a. Phalangeal bones

b. Tibia

c. Sternum

d. Radius

e. Humerous

f. Ribs

48- The common site of tuberculous joint causing scrofuloderma is:

a. Knee

b. Phalangeal joint

c. Shoulder

d. Ankle

49- Lupus vulgaris may be complicated by:

a. Scarring· its contracture leads to ectropion, entropion, microstia, dilated nostrils, web neck....

b. Ulceration with secondary infection

c. Tumours e.g. squamous cell carcinoma, basal cell carcinoma, sarcoma

d. Destruction of nose, ear, and lip.

50- T.B. ulcer has:

a. Everted edge

b. Inverted edge

c. Punched out edge

d. Undermined edge

51- The standard drug in all regimens for treatment skin tuberculosis is:

a. Streptomycin b. Isoniazid c. Rifampicin.

52- The following test could be done in a case of skin tuberculosis:

a. Diascopy test b. B.C.G.
c. Tuberculin test.

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LEPROSY

53- The first known bacterial pathogen of man was:

a. Mycobacterium tuberculosis
b. Mycobacterium bovis
c. Mycobacterium leprae
d. Staphylococcus aureus
e. Streptococcus pyogens

54- Approximately how many individuals are afflicted with leprosy worldwide ?

a. One million b. Five million
c. Ten million d. Fifty million
e. One hundred million

55- Leprosy occurs most commonly in:

a. Children b. Young adult
c. No age is exempt.

56- The leprosy bacillus CANNOT be cultivated except:

a. Culture media
b. Mouse footpad
c. Rabbit ear
d. Armadillo
e. Dog
f. mangabey monkey
f. Cat.

For each numbered item choose the best lettered response.

57- Lepromatous leprosy

58- Tuberculoid leprosy

a. Lesions are characteristically symmetric
b. Occasional nerve trunk palsies of abrupt onset are seen.
c. Nodules with poorly defined borders and characteristic nerve damage can occur.
d. Many patients would probably spontaneously heal their lesions with time.
e. Mucosal lesions.
f. Leonine facies.
g. One or few lesions.
h. Painless injuries.
i. Lepromin test strongly positive.
j. Lepromin test negative.

59- Lepromin test (Mitsuda skin test) is properly read at:

a. 3 days
b. 7 days
e. 14 days
d. 28 days
e. 6 weeks.

Match the types of leprosy with the reactional states which may occur in each:

60- Lepromatous

61- Tuberculoid

62- Borderline

a. Erythema nodosum leprosum
b. Exacerbation reaction
c. Lucio's phenomenon; diffuse nonnodular lesion. Stellate ulcers may occur in the lesion.

63- The most frequent adverse reaction to dapsone is:

a. Erythema multiforms
b. Agranulocytosis
c. Hemolysis
d. Fixed drug eruption
e. Anaphylaxis.

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VIRAL INFECTIONS

64- Viral skin diseases include:

a. Warts
b. Erythema nodosum
c. Molluscum contagiosum
d. Lupus erythematosus
e. Herpes simplex
f. Herpes zoster
g. Small pox
h. Lichen planus
i. Measles
j. Chicken pox
k. Pityriasis rosea
l. Erythema multiformis

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WARTS

65- The primary lesion of warts is:

a. Macule
b. Papule
c. Nodule
d. Vesicle
e. Pastule

66- The colour of verruca vulgaris is:

a. Same colour of the skin
b. Pearly white
c. Red
d. Slightly darker than the skin
e. Brown

67- The edge of verruca vulgaris is:

a. Well defined edge
b. Ill defined edge
e. Ill defined edge surrounded with red halo

68- The consistency of verruca vulgaris is:

a. Soft
b. Firm
c. Hard

69- The surface of verruca vulgaris is:

a. Smooth
b. Rough
c. Umblicated
d. Wet
e. Dry
f. Shiny
g. Dull
h. Scaly
i. Not scaly
j. Flat

70- The base of verruca vulgaris:

a. Infiltrated
b. Not infiltrated

71- Wart may be painful if it occurs on:

a. Genitalia
b. Planter surface of the foot
c. Around the nail
d. Eyelid
e. Palmer aspect of the fingers

For each numbered item, choose the best lettered response:

72- Verruca vulgaris

73- Verruca plana

74- Verruca plantaris

75- Condyloma accuminatum

76- Verruca filiformis

77- Verruca digitiformis

a. Surface flat and smooth

b. Soft in consistency and bleed easely

c. Painful

d. Most common site is on the genitalia

e. Podophyllin is the treatment of choice

f. Most common site is on the heal and the metatarsal heads.

g. Most common site is on face and back of hands

h. Most common site is on the scalp.

i. Most common site is on face and neck.

j. May occur anywhere on the skin

78- The primary lesion of molluscum contagiosum is:

a. Macule b. Papule c. Nodule
d. Vesicle e. Pustule

79- The surface of molluscum contagiosum is:

a. Same colour of skin b. Pearly white
c. Flat d. Hemispherical
e. Umblicated f. Dull
g. Shiny h. Scaly

80- The best line of treatment of molluscum contagiosum is:

a. Cautery b. Curettage
c. Podophyllin d. Cryotherapy

81- Treatment of verruca vulgaris is:

a. I.D.U. 0.1% b. Cautery
c. Acyclovir (zovirax)

82- Acetic acid (5%) is applied to warts on genital skin and mucous membranes to:

a. Sterilize the area before surgery is performed

b. Kill latent papillomavirus

c. Kill acitve papillomavirus

d. Visualize warty lesions

e. Provide anesthesia

83- Small, slightly elevated warty lesions on apparently normal genital mucous membrane can be detected by the application of:

a. Formalin 1%

b. Gentian violet 1%

c. Acetic acid 5%

d. Salicylic acid 5%

84- Most cases of pediatric condyloma accuminata are currently thought to be acquired:

a. In utero

b. During delivery in the birth canal

c. By autoinoculation from a wart at a different site.

d. By close nonsexual contact

e. By sexual contact

For each numbered item, choose the best lettered response:

85- Condyloma accuminata

86- Condyloma lata

a. Smooth surface

b. Rough surface

c. Pedunculated

d. Sessile
e. Indurated base
f. The base is not indurated
g. Positive serological tests of syphilis
h. Dark field examination test is positive

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HERPES

87- The primary lesion of herpes is:

a. Macule b. Papule c. Vesicle
d. Nodule e. Pustule f. Bulla

88- The word herpes means:

a. Grouped vesicles b. Discrete vesicles
c. Linear vesicles d. Annular vesicles

For each numbered item, choose the best lettered response:

89- Herpes simplex

90- Herpes zoster

a. Along the course of sensory nerve usually unilateral
b. Around orifices e.g. mouth, eye, anus.....
c. Recurrent
d. Very rarely recurrent
e. Course is 3-4 weeks
f. Course is one week
h. Associated with enlarged lymph glands
i. Not associated with enlarged lymph glands

j. Pain preeced the appearence of the rash and may accompany or follow it
k. No pain but sensation of heat and burning at site of rash.

91- The major problem of genital herpes is (are):
a. Latency i.e. persist for the lifetime of the individual
b. Recurrence
c. Its association with herpetic pharyngitis
d. Cancer cervix
e. Psychological problem

92- Mode of spread of herpes simplex may be:
a. Close person to person contact (social or sexual)
b. Fomites: eating and drinking utensils, towels, clothing, toilet seat
c. Medical and dental procedure: Working around infected orifices with ungloved hands

93- The important risk factors for cervical cancer include:
a. Obesity
b. Stein Leventhal syndrome
c. Young age at onset of sexual activity
d. Multiparity
e. Multiplicity of sexual parteners.

94- The most common complication of herpes zoster is:
a. Postherpetic neuralagia
b. Anesthesia in the involved dematome

c. Ophthalmic zoster with direct access to intra-ocular structures
d. Motor paralysis
e. Granulomotus angitis of cerebral arteries
(syndrome of ophthalmic zoster and delayed contra-later hemiplegia).

95- Eradication of the virus from infected genital herpes with the use of antiviral drugs (I.D.U., zivorax...) is a problem:
a. Drug resistant strain of virus can develop
b. Impractical measures against the spread of infection e.g. greater crowding, enlarging population, free life style
c. Antiviral drugs do not eleminate the virus from latently infected ganglia.

96- Management of genital herpes of pregnant woman at term to prevent herpes in the newborn is:
a. Normal vaginal labour
b. Cesarean
c. Administering antiviral drugs (zivorax...) to the pregnant woman before labour.
d. Treat the infant with antiviral drugs when there is evidence of infection

97- The rash of herpes zoster is preceded by neuralgic pain in the involved dermatome by:
a. One week b. Two weeks c. 1-3 days

98- Postherpetic neuralgia may resolve within:

a. 3 months
b. 6 months
c. One year
d. 2 years
e. Persistant forever

99- The most common complication(s) of herpes simplex virus is (are):

a. Erythema multiformis
b. Eczema herpeticum: Patients with atopic dermatitis may develop widespread cutaneous infection with herpes simplex virus.
c. Herpetic keratoconjunctivitis
d. Herpetic encephalitis and meningitis

100- The following are infectious conditions:

a. Erythema multiformis
b. Herpes simplex
c. Herpes zoster
d. Erythema nodosum
e. Condyloma accuminatum
f. Atopic dermatitis
g. Molluscum contagiousum
h. Lupus erythematosus

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PARASITIC INFECTIONS

101- Scabies in man is caused by:

a. Notoedres
b. Sarcoptes scabii
c. Knemodikoptes

102- Scabies burrows are caused by:

a. A louse
b. A mite
c. A tick
d. A larval form
e. The male of the species

103- The burrow extend through:

a. The whole epidermis

b. To the dermis

c. The stratum corneum and granular layer

104- The fertilized female deposits its eggs in:

a. Exit of the burrow

b. Blind end of the burrow

c. In the middle of the burrow

105- The emerged larva undergoes:

a. One moult   b. Two moults

c. 3 moults   d. 4 moults

106- The male mite:

a. Form its own burrow

b. Live with the female in her burrow

c To be left on the surface of the skin

d. To be killed by the female after copulation

107- The total population of mites on a case of scabies:

a. 100 ovigerous females

b. 60 ovigerous females

c. 10 ovigerous females

108- In Norwegian scabies the total population of mites are:

a Hundreds   b. Thousands   c. Millions

109- The time needed for the mite to be transmitted to another person is:

a. Seconds   b. Minutes

c. Hours d. Days

110- Scabies occurs:

a. Only in children

b. Only in adult

c. Any age may be infested

111- The most prevalent season for scabies is:

a. Summer b. Winter

c. Spring

112- Itching in scabies is:

a. Rubbing with the palmer surface of the hand

b. Scratching with the finger tips

c. Worst at the begining of sleep

d. Worst all the night

113- The onset of symptoms and signs of scabies appears after exposure to the mite by:

a. Less than one week

b. 1-3 weeks

c One month

d. 2 months

114- Scabetic infestation is:

a. Self limited disease

b. Last indefinitely, if improbably treated or untreated

c. If treated there is absolute immunity to scabies

d. If treated, the disease can be re-contracted again and again.

115- Demonstration of the mite in scabietic patient can be done by:

a. High power microscope

b. Low power microscope

c. Seeing it moving in the burrow or on the skin

116- Treatment of scabies should include:

a. All other members of the family in contact with the patient.

b. All itchy members of the family in contact with patient.

c. Only members of the family showing objective signs of scabies.

117- The treatment by scabiecides should be:

a. Only to the affected areas of the skin

b. To all the skin surface from the neck to the heal.

c. To the whole body

118- The face and neck have to be treated by scabiecides in:

a. Scabietic adult

b. Scabietic child

c. Norwegian scabies.

119- The bath before the application of scabiecide:

a. Give the sense of cleanliness

b. Expose the mite to the effect of the scabiecide

c. Help the absorption of the scabiecide and add to its adverse side effect.

For each numbered item, choose the best lettered response:

120- Nits

121- Dandruf

a. Dull white b. Shiny white

c. Firmly cemented to the hair

d. Easly removed from hair and slide freely along its shaft.

e. Can be differentiated by microscopic examination

f. Can be differentiated by the use of wood's light.

122- The treatment of scabies can be done by:

a. Sulpha ointment b. Sulpher ointment

123- The concentration of sulpher ointment used is:

a. 1-2% b. 5-10% c. 25 %

124- The side effect of sulpher ointment is:

a. Toxic nephritis b. Peripheral neuritis

c. Contact dermatitis

Match the arthropodes with the appropiate responses:

125- Pediculosis corporis

126- Pediculosis capitis

127- Phthirius pubis

a. Lives in hairy areas

b. Lives in clothing

c. Venerealy transmitted

d. Maculae ceruleae (blue gray macules seen on abdomen and thigh produced by altered blood pigments at the site of the bite)

Match the arthropodes with their descriptions:

128- Mites

129- Ticks

130- Lice

131- Fleas

a. 3 pairs of legs

b. 4 pairs of legs

c. Dorsoventrally flattened

d. Laterally compressed

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FUNGAL INFECTIONS

132- Fungi are part of:

a. Plant kingdom

b. Animal kingdom

c. Seperate kingdom

133- There are endless difficulties in classification of superficial fungi, but the one which is considered as a compromise and useful for clinicians is:

a. Clinical lesion

b. Localisation on different regions of the body

c. Causative fungus

d. Histopathology

134- Ringworm of the scalp clear spontaneously at puberty, the most acceptable explanation is:

a. Development immunity with time.

b. Change the composition of sebum at puberty to a form containing higher concentration of inhibitory fatty acids.

c. Increase level of saprophytic fungi (pit. oval) which inhibit dermatophytes and having a role in lipolysis.

For each numbered item, choose the best lettered response:

a. Any age could be affected.
b. The disease occurs before puberty.
c. The disease occurs after puberty.

135- Hidroadenitis suppurative.

136- Ringworm of the scalp.

137- Favus.

138- Candidiasis.

139- Diseases causing scaly patch of alopecia on the scalp:

a. Psoriasis b. Alopecia areata c. Impetigo
d. Ringworm of the scalp d. Seborrheic dermatitis
f. All of them g. Non of them.

Match the disease causing the scaly patch of alopecia on the scalp with its clinical feature:

140- Scaly type of ringworm of the scalp

141- Psoriasis

142- Alopecia areata

143- Seborrheic dermatitis

144- Impetigo

a. Loss of hair in circumscribed areas, smooth ivory white skin and at the margin exclamation mark hair.

b. More diffuse affection of scalp and the scaling is adherent to the hair but breakage of hair shaft does not occur.
c. Scaly patch of scalp with broken off hair stumps (1-3 mm in length).
d. Patches covered with thick plaques of scales and hair loss is found only occasionally.
e. Loosening of the hair is not normally present but matting and crusting. Pediculosis of the scalp may be present.

145- Scutula are characteristic of infection with:

a. Trichophyton rubrum
b. Trichophyton violaceum
c. Trichophyton schoenleinii
d. Microsporom audouinii

146- The most common cause of scaly ringworm in Egypt is:

a. Trichophyton rubrum
b. Trichophyton violaceum
c. Microsporum audouinii
d. Microsporum canis

147- Circinate lesion on the trunk could be due to:

a. Seborrheic dermatitis
b. Impetigo
c. Tinea circinata
d. Psoriasis
e. Eczema
f. Pityriasis rosea
g. All of them
h. Non of them.

148- For microscopic examination of? fungus lesion, we need to add to the scraping on the slide:

a. Potassium iodide 5%

b. Potassium hydroxide 20%

c. Potassium permanganate 1%

d. Calcium hydroxide 20%

149- The wave length of ultraviolet light emitted from wood's lamp is:

a. Similar to the normal ultraviolet: 3200 u

b. More than the normal ultraviolet : 4200 u

c Less than the normal ultraviolet : 2600 u

150- The change of the wave length of ultraviolet in wood's lamp is due to:

a. Different lamp size.

b. Presence of a filter.

c. Use of different source (carbon arc, mercury...) for production of the specific ultraviolet wave length.

151- The culture media (Sabouraud's media) for fungi is used for:

a. To identify the proper drug to be used for treatment.

b. Differentiation and identification of different fungi.

c. To predict the presence of any resistant strains of the fungi.

d. To trace the source of infection.

152- The affected hair in favus are:

a. Broken off stumps (1-3 mm in length).

b. Brittle, easily extracted and look lusterless.

c. Stumps of hair broken off at the point of exit from the follicles.

153- Scar may be seen in:

a. Favus b. Scaly type of ringworm of scalp

c. Lupus erythematosus d. Alopecia areata

e. Psoriasis f. vitiligo

g. Acne vulgaris h. Pityriasis rosea

154- Erythematous lesion in the groin can be:

a. Erythrasma b. Tinea cruris

c. Candidiasis d. Intertrigo

e. Psoriasis g. Seborrheic dermatitis

h. All of them i. Non of them

155- The causative agent of erythrasma is:

a. Piedraia hortae

b. Trichosporon beigelii

c. Corynebacterium minitissum

d. Trichophyton mentagrophytes.

156- The most common cause of tinea cruris in Egypt is:

a. Trichophyton violaceum

b. Trichophyton rubrum

c. Microsporum audouinii

d. Epidermophyton floccosum

e. Trichophyton tonsurans.

157- Of the following, griseofulvin is effective against infections due to:

a. Candida albicans
b. Trichophyton canis
c. Malassezia furfur
d. Handersonula.

158- An 70 years old man with chronic renal failure has frequently applied a topical antifungal medication generously for treatment of tinea corporis. He now presents with abdominal pain, vomiting, tinnitus, tachypnea, altered mental status, and acidosis. The most likely correct diagnosis is:

a. Nystatin toxicity.
b. Canasten toxicity.
c. Dakterin toxicity.
d. Salicylism. (whitefield ointment).

Select the one lettered item that is most closely related to each numbered item:

159- Griseofulvin
160- Phenobarbital
161- Nystatin

a. Decreases griseofulvin absorption
b. Decreases effectiveness of warfarin (anticoagulant)
c. Not absorped orally.

162- Cutaneous manifestation that may complicate diabetes mellitus is:

a. Furunculosis
b. Pityriasis rosea
c. Candidiasis
e. Pediculosis
f. Carbuncle
g. Lupus vulgaris
h. Erythrasma
i. Psoriasis

163- Oral mucosa may be affected in:

a. Psoriasis
b. Lichen planus
c. Candidiasis
d. Pityriasis rosea
e. Herpes simplex
f. Herpes zoster
g. Impetigo vulgaris
h. Leprosy (lepromatous)
i. Favus
j. Erythema multiformis
k. Lupus erythematosus
l. Syphilis
m. Acne vulgaris
n. T.B. oroficialis

164- Nail affection may be seen in:

a. Fungus infection
b. Psoriasis
c. Lichen planus
d. Syphilis

165- The dose of griseofulvin is:

a. One tablet for every 5 kg body weight.
b. One tablet for every 20 kg body weight.
c. One tablet for every 10 kg body weight.

166- The griseofulvin should be given:

a. Before food
b. After food
c. in the middle of the meal.

167- The duration of griseofulvin therapy required is:

a. One month
b. Two months

c. Depends on the life cycle of the particular fungus.

d. Depends on the renewal time of the stratum corneum involved.

e. Depends on the drug levels of drug achieved.

168- Griseofulvin should be given for finger nail onychomycosis for:

a. 3 months b. 4 months

c. 6 months d. 9 months

169- Griseofulvin should be given for toe nail onychomycosis for:

a. 6 months b. One year

c. 2 years d. 4 months

170- Griseofulvin should be given for ringworm of the scalp for:

a. One month b. Two months

c. 3 months d. 1½ month

For each numbered item choose the appropriate lettered item:

171- Tinea circinata

172- Candidiasis

173- Tinea versicolor

a. The primary lesion is a sharply demarcated macule, sometimes slightly erythematous but characterized essentially by fine branny scale.

b. Well defined rounded scaly patch with active raised red edge covered with minute papules, vesicles, pustules and crusts.

c. Red areas which do not have a distinct raised margin. White pustule are often found, satellite lesions are numerous and small and the frayed peeling edge which ocurs as the tiny pustules rupture is characteristic.

174- Whitefield ointment consists of:

a. Boric acid 3% b. Salicylic acid 3%
c. Benzoic acid 3% d. Citric acid 6%
e. Benzoic acid 6% f. Acetic acid 3%

175- Ketoconazole (Nizoral) is claimed to treat tinea versicolor:

a. One tablet every day for a month.
b. Two tablet every day for ten days.
c. One tablet every day for ten days

176- The main side effect of ketoconazole is:

a. Hemolytic anemia.
b. Hepatitis
c. Decreased lipido and impotence.

177- The relationship of candida albicans to the skin is best described as:

a. Resident flora b. Transient flora
c. An absolute pathogen
d. An opportunistic pathogen
e. An accidental contaminant

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ALLERGIC DISEASES

178- Eczema may occur on:

a. Face
b. Hands
c. Feet
d. Back
e. Any part of the body
f. Scalp

179- The severity of contact dermatitis is influenced by:

a. The amount of allergen to which the subject is exposed
b. The frequency of exposure to the allergen
c. The area of skin exposed to the allergen
d. The route of exposure
e. All of the above

180- Itching in eczema is:

a. Absent
b. Mild
c. Severe
d. Variable

181- The border of eczematous lesion is:

a. Well defined
b. Ill defined
c. Sometimes, well or ill defined

182- Eczema heals with:

a. Scar formation
b. No scarring

183- The incubation period of the occurrence of contact dermatitis for the first time is:

a. One week
b. 2 weeks
c. 3 weeks
d. 5 days
e. A month

184- In re-exposure, contact dermatitis occurs within:

a. One week
b. 2 weeks
c. 3 weeks
d. A month
e. 24 - 48 hours

185- The immune site for contact dermatitis is:

a. Abdomen
b. Forearm
c. Thigh
d. Ear pinna
e. No immune site all over the body

186- Recurrences may develop from allergic contact dermatitis on re-exposure for:

a. A month
b. A year
c. 5 years
d. 10 years
e. Throughout life

187- Sensitization to several unrelated allergens in patients with contact dermatitis is:

a. Rare
b. Common
c. Never happens

Match the site of contact dermatitis with the most likely source:

188- Earlobe

189- Posterior auricle

190- Entire external ear

a. Hair dyes
b. Hair nets
c. Ear rings

191- Common causes of allergic contact dermatitis in dentists include:

a. Local anesthetics
b. Unpolymerized acrylic resin

c. Polymerized acrylic resin
d. Benzalkonium chloride
e. All of the above

192- For knowing the causative allergen(s) in contact dermatitis we do:

a Prick test
b Patch test
c Trichiophytin test
d Passive transfer with lymphocyte

193- Reading the results of patch test can be done after:

a. ½ hour
b. 48 hours
c. 96 hours
d. One week

For each numbered item, choose the best lettered response:

194- Irritant dermatitis

195- Allergic contact dermatitis

a. Every person can be afected
b. A few individuals can be affected
c. The degree of dermatitis is not dose related
d. The degree of dermatitis is dose related
e. Healing is slow even if the causative factor is avoided
f. Healing is prompt if the causative factor is avoided
g. Reappearance of dermatitis is variable
h. Reappearance of dermatitis occurs whenever the causative factor contacted
i. After first exposure, the dermatitis occurs after 5 days

j. After first exposure, the dermatitis occurs after 0-2 days

196- The skin of atopic persons usually:

a. Are abnormally dry

b. Are easly irritated

c React positively to large numbers of protein antigens injected intradermally

d. Are prone to lickenify

e. Pallor of the skin

f Low finger temperature

g. Pronounced vasoconstriction on exposure to cold

h. Delayed blanch with acetylcholine

197- Catracts in atopic dermatitis:

a. Are usually bilateral

b. Occur mostly in severe cases

c Occur mostly in patients over 40

d. May progress with exacerbation of the dermatitis

e. Is usually accompanied by keratoconus

198- The like hood of development of asthma or hay fever subsequent to infantile atopic dermatitis is:

a- 1%
b- 10-15%
c- 30-50%
d- 65%
e- 100%

199- Tick the correct statement:

a- Atopic dermatitis is a disease of chronic relentless itch

b- Prick test is used for investigation of a case of urticaria. It has to be read after 15 minutes

c- The habit of scratching in atopic dermatitis is an automatic reflex, so that an infant will start to scratch as soon as his hands come in contact with his own but even other people skin.

d- If a weal stays more than 48 hours, urticaria is excluded

e- Atopic dermatitis is almost invariably bilateral e.g. antecubital, popliteal

200- Which one of the following erythemas is commonly associated with herpes simplex infection:

a- Erythema nodosum

b- Erythema chronicum migrans

c- Erythema multiformis

d- Erythema annulare centrifugum

e- Non of the above

201- In erythema nodosum, characteristic findings include all of the following except:

a. Arthralgia

b. conjunctivitis

c. Residual 'bruised' appearance

d. Ulceration

e. Tenderness of the lesions

For each numbered item, choose the best lettered response:

202- Urticaria

203- Erythema multiformis

a. Can be seen anywhere all over the body

b. Can be seen in certain sites e.g. hands, forearms, feet legs, face, neck.

c- The lesions are variable: macule,papule,vesicle
d- The lesion is transient erythematous or edematous swelling of the dermis or subcutaneous tissue.
e- The lesions last 1-3 weeks
f- The lesion lasts 1-2 hours

204- Acute pompholyx looks different from other acute eczema because of:
a- Different etiology
b- The thickness of the stratum corneum in the areas involved
c- Lack of pruritis and scratching
d- Involvement only of sweat ducts
e- Involvement of only the dermis.

205- Fixed drug eruption is:
a- Erythematous and edematous
b- Hyperpigmented
c- Intensely pruritic
d- Seen only in Negros
e- Sometimes bullous

206- The mortality rate of untreated Stevens-Johnson syndrome is:
a. Negligible
b. 3-5%
c. 5-15%
d. 20-30%
e. Over 90%

207- Angioneurotic edema:
a. Occurs mainly in neurotic persons

b. Is usually demonstrably allergic
c. Is mainly subcutaneous
d. Is markedly pruritic
e. Is usually unilateral.

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PSORIASIS

Match the disease with the appropriate diagnostic features:

208- Psoriasis
209- Seborrheic dermatitis
210- Pityriasis rosea
211- Lichen planus

a. Flexural distribution
b. Violaceous papule
c. Severly pruritic
d. Silvery scale
e. Oval patch
f. Brief course (6-8 weeks)

212- An area usually spared in psoriasis is the:

a. Abdomen
b. Face
c. Hands
d. Back
e. Legs

213- Onset of psoriasis with guttate lesions is most likely to occur in:

a. Young children
b. Adolescent
c. Mild adulthood
d. Old age
e. Women

214- The commonest manifestation of psoriasis in the nail is:

a. Onycholysis b. Pitting

c. Subungual hyperkeratosis

d. Discoloration e. Non of the above.

215- The variety of psoriasis that carry better prognosis is:

a. Guttate b. Erythrodermic

c. Pustular d. Arthropathic

216- Kobner phenomena is:

a. Successive removal of psoriatic scales gives rise to small bleeding points.

b. Various types of trauma may elicit the psoriatic lesion in previously uninvolved skin.

Select the one lettered item that is most closely related to each numbered item:

217- Diascopy test

218- Kobner phenomena

219- Grattage test (Auspitz sign)

220 Prick test

221- Patch test

a. Various types of trauma may elicit the disease in previously uninvolved skin.

b. Intradermal test by the supposed different allergic antigens and the result to be read after ¼ hour

c. Successive removal of the scales gives rise to small bleeding points.

d. The suspected allergic substance has to be put on the back. The removal and reading of the result after 48 hours.

e. The pressure by glass slide on the affected skin will show the nodules to stand out clearly as apple jelly.

222- Kobner phenomena is positive in:

a. Lichen planus
b. Psoriasis
c. Warts
d. Vitiligo
e. All of them

223- Streptococcal infection, especially in the throat may be a provoking factor in:

a. Guttate psoriasis
b. Erythema nodosum
c. Vitiligo

224- The primary lesion is well defined in:

a. Psoriasis
b. Vitiligo
c. Urticaria
d. Lichen planus
e. Eczema
f. Verruca vulgaris
g. Molluscum contagiosum

225- Epidermal cell division (time required for cell to travel from basal cell layer to stratum granulosum) normally is:

a. 56 days
b. 28 days
c. 14 days

226- In psoriasis, the epidermal cell division (time required for cells to travel from basal cell layer to uppermost part of stratum granulosum) is:

a. 2 days
b. 4 days
c. 8 days

227- The role of food in psoriasis:

a. Psoriasis is a disturbance of fat metabolism
b. Psoriasis is a disturbance of protein metabolism
c. Psoriasis is a disturbance of carbohydrate metabolism
d. Food has no role in psoriasis

228- Tick the correct answer:

a. Psoriasis is not a familial disease
b. Psoriasis is inherited in autosomal recessive form.
c. Psoriasis is 3 times commoner in families where the parents have the disease than in families where the parents are not affected.

229- Tar preparations is NOT to be used in treatment of psoriasis in the following sites:

a. Face
b. Scalp
c. Genitalia
d. Palms and soles
e. Flexures
f. Buttock

230- The dose of methotrexate in psoriasis is:

a. One tablet every day
b. Two tablets every day
c. One tablet every 12 hours over 36 hours/every week.

231- The most dangerous side effect of methotrexate is:

a. Bone marrow depression

b. Liver cirrhosis

d. Acute toxicity

232- For how long after discontinuing methotrexate therapy in woman should contraception be maintained:

a. One week

b. 4 weeks

c. 12 weeks

d. 6 months

e. One year

233- Relative contraindications for PUVA therapy include:

a. History of arsenic exposure

b. History of exposure to ionizing radiation

c. History of melanoma

d. History of cutaneous epithelial malignancy

e. Presence of melanoma

234- Relative contraindications for PUVA therapy include:

a. Catract

b. Severe cardiovascular, hepatic or renal disease

c. Immunosuppression

235- Conditions currently considered absolute contra-indications for PUVA therapy include:

a. Pregnancy

b. Lactation

c. Lupus erythematosus

d. Albinism

236- Psoriasis of which of the following sites tends to be slowest to clear with PUVA therapy:

a. Head

b. Neck

c. Chest

d. Back

e. Extremities

237- All of the following are considered to be likely complications of long term PUVA therapy EXCEPT:

a. Increased risk of cutaneous squamous cell carcinoma.

b. Increased risk of hepatic cancer

c. Atypical cutaneous pigmentation

d. Accelerated aging of the skin

e. Ophthalmologic abnormalities

238- The latency period of oral retinoid therapy is approximately:

a. 3 days

b. 10 days

b. 3 weeks

d. 8 weeks

e. 12 weeks

239- Conditions in which PUVA has been used:

a. Psoriasis

b. Mycosis fungoides

c. Vitiligo

d. Atopic dermatitis

240- Complications that may occur with retinoid therapy include:

a. Elevation of serum lipids

b. Nose bleeds

c. Myalgias

d. Headaches and blurred vision

e. Gastrointestinal problems.

241- Frequency of application of topical corticosteroid:

a. Once daily

b. Twice daily

e. Three times daily

d. Four times daily

242- Side effect of topical corticosteroid:

a. Cushing syndrome
b. Atrophy of the skin
c. Telangiectasia
d. Acneform lesion
e. Stria
e. Hypopigmentation
f. Contact dermatitis

243- The course of psoriasis is:

a. 3 months
b. 6 months
c. Unpredictable
d. 9 months
e. One year
f. 2 years.

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LICHEN PLANUS

244- The duration of lichen planus:

a. Exceeds six months in most cases
b. Is extended by the development of mucous membrane lesions
c. Is affected little by treatment
d. Non of the above is true
e. All of the above is true

245- A poor prognosis in lichen planus may be indicated by:

a. An acute eruption
b. Hyperpigmentation
c. Guttate lesions
d. Non of the above
e. All of the above

246- The primary lesion of lichen planus is:

a. Macule
b. Papule
c. Nodule
d. Vesicle
e. Pustule
f. Bulla

247- The colour of lichen planus lesion is:

a. Red b. Milky white c. Violacous

d. Brown

248- The surface of lichen planus lesion is:

a. Dry b. Wet c. Dull

d. Shiny e. Flat f. Umblicated

g. Scaly k. Not scaly l. Rough

249- Mucous membrane lesions in lichen planus:

a. Are rare

b. Do not occur in the absence of skin lesions

c. May be premalignant

d. Are usually ulcerated

e. Are asymptomatic

250- Wickham's striae are:

a. Scales on the surface of the lesion

b. White lines on the surface of the lesion

c. Atrophic lines left after the healing of the lesion

251- Itching in lichen planus:

a. Completely absent

b. Usually present

c. In the form of scratching

d. In the form of rubbing

252- Hair fall in lichen planus:

a. Never occurs

b. Causes cicatricial alopecia

c. Causes transient alopecia

253- On healing lichen planus may leave:

a. Hyperpigmentation

b. Hypopigmentation

c. Atrophy and scarring

d. Keloid

e. Ulceration

254- The commonest sites of affection in lichen planus are:

a. Extensor surfaces b. Palms and soles

c. Face d. Flexor surfaces

e. It usually spares the genitalia

255- The following drugs may produce lichen planus like lesion:

a. Antimalarial e.g. chloroquine b. Gold

c. Diuretic e.g. chlorothiazide

d. Colour film developers

e. Para-aminosalicylic acid

f. Non of the above

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PITYRIASIS ROSEA

256- Pityriasis rosea occurs most commonly in:

a. Males 6-10 years of age.

b. females 6-10 years of age.

c. Males 10-35 years of age

d. Females 10-35 years of age

e. Males over 35 years of age.

257- Pityriasis rosea is most common in the following months:

a. January b. April e. July
d. September e. November

258- Of the following, the herald patch of pityriasis rosea is most likely to resemble:

a. Drug eruption b. Secondary syphilis
c. Tinea circinata

259- The generalized eruption of pityriasis rosea may resemble:

a. Lichen planus b. Psoriasis
c. Drug eruption d. Secondary syphilis
e. Tinea versicolor

260- The most common site of the herald patch is:

a. Chest b. Extremities d. Forehead
e. Genitalia.

261- The interval between the appearance of the herald patch and the generalized eruption is:

a. 3 hours b. 7 to 14 days
c. 84 days f. 14 weeks

262- Oral lesions are present in pityriasis rosea:

a. Not present
b. May be present affecting the palate or buccal mucosa.

263- The most widely held concept of the etiology of pityriasis rosea is that it is due to:

a. Parasite b. Bacteria

c. Virus d. Autoimmune reaction

e. Psychogenic reaction

264- A disease resembiling pityriasis rosea has been reported to occur in:

a. Dogs b. Cats c. Rats

d. Mice e. Pigs

265- Complications of pityriasis rosea include:

a. Pruritus

b. Postinflammatory hyperpigmentation

c. Postinflammatory hypopigmentation

d. Nail pitting

e. Thrombophlebitis

266- The frequency of recurrences in pityriasis rosea:

a. 1-2% b. 50% c. 80%

267- The treatment of pityrasis rosea includes:

a. Topical corticosteroids

b. Systemic corticosteroids

c. Dapsone

d. Antihistamines

e. Ultraviolet radiation

f. Antibiotic therapy.

268- Drug eruption with pityriasis rosea like lesion could be due to:

a. Gold b. Barbiturates c. Dapsone

d. Tetracycline e. Griseofulvin f. Meladinin

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VITILIGO

Hypopigmented patch on the skin: for each numbered item choose the best lettered answer

269- Vitiligo

270- Tinea versicolor

271- Leprosy

272- Pityriasis alba

a. Hypopigmented slightly scaly macules

b. Milky white macules with hyperpigmented border.

c. Hypopigmented patches producing slightly scaly areas on children's faces.

d. Hypopigmented macules which are anaesthetic.

273- The proportion of world population affected by vitiligo:

a. 0.3% - 0.6% b. 1% - 2%

e 4 % - 6 % d. 8% - 12%

274- Vitiligo runs in families:

a. 30% - 40% b. 60% - 80%

c. No

275- Vitiligo is an infectious disease:

a. Due to viral infection

b. No. It is not an infectious condition

c. Due to bacterial infection

d. Due to spirochetial infection

276- Skin diseases that possibly due to auto-immune cause:

a. Alopecia areata
b. Psoriasis
c. Lichen planus
d. Vitiligo
e Lupus erythematosus
f. Pityriasis rosea

277- Albinism is due to:

a. Congenital absence of melanocytes
b. Defect in the synthesis of tyrosinase
c. Acquired destruction of melanocytes.

278- Orally ingested psoralens (meladinin tablet) are metabolized mainly in the:

a . Skin
b. Liver
c . Kidney
d. Lungs
e.. Intestines.

279- Orally ingested psoralens (meladinin tablet) metabolites are excreted mainly in:

a. bile
b. Urine
c Sweat
d. Saliva
e. Intestinal fluids

280- Vitiligo of which of the following sites is usually the first to respond to psoralens (meladinin tablet) therapy:

a. Face
b. Nipples
c. Umbilicus
d. Perineum
e. Hands and feet

281- Peak serum levels of orally ingested psoralen(meladinin tablet) are reached approximately:

a. 20 to 40 minutes after ingestion

b. 40 minutes to one hour after ingestion
c. One hour to 6 hours after ingestion
d. 6 to 12 hours after ingestion
e. 12 to 18 hours after ingestion.

282- The skin is most sensitive to ultra-violet light:

a. 20 to 40 minutes following oral psoralen (meladinin tablet) ingestion.
b. 40 minutes to one hour following oral psoralen (meladinin tablet) ingestion.
c. 1 to 3 hours following oral psoralin (meladinin tablet) ingestion
d. 6 to 12 hours following oral psoralen (meladinin tablet) ingestion.

283- Following oral igestion of psoralen (meladinin tablet) the skin remains sensitive to ultra-violet light as long as:

a. 1 - 2 hours
b. 2 - 4 hours
c. 4 - 8 hours
d. 8 - 12 hours
e. 12-16 hours.

284- Psoralens have been found in:

a. Lemons and limes
b. Parsley
c. Celery
d. Figs
e. Cloves
f. All of the above
g. Non of the above.

285- Syphilitic leukoderma is:

a. Residual manifestations of secondary syphilitic rash all over the body.

b. Residual manifestations of secondary syphilic rash located on the sides of neck indefinitely.
c. Residual manifestation of syphilitic chancre.
d. Residual manifestation of congenital syphilis.

286- The following jobs may possibly develop leukoderma:
a. Doctors from using gloves
b. Farmers from using phenolic disinfectants.
c. Sailers from exposure to the sun.
d. Butchers from delivering meet.

287- Tick the possible correct answer:
a. Psychological disturbance can cause vitiligo
b. Psychological disturbance can result from vitiligo.
c. Psychological disturbance cannot cause vitiligo.

288- The results of treatment with oral psoralens (meladinin tablet) are:
a. Complete cure
b. Unpredictable
c. 50% failure

289- In vitiligo, there is defeciency of:
a. Melanin
b. Blood vessels
c. Melanocytes
d. Stratum corneum
e. Nerves

290- Vitiligo is most frequently associated with autoimmune disease in which of the following organs or systems ?
a. Lung
b. Gastrointestinal tract
c. Central nervous system.
d. Thyroid gland
e. Liver.

291- The highest concentration of melanocytes in human skin is found on the:

a. Face
b. Abdomen
c. Back
d. Arms and hands
e. Legs and feet.

292- Pigment cells are found in the:

a. Liptomeninges
b. Retina
c. Uveal tract
d. Cochlea
e. Vestibular labyringth of the ear.
f. All of them
g. Non of them

293- Lesions of vitiligo:

a. Are asymptomatic
b. Do not fuse with neighboring lesions
c. Do not affect the pigment in associated hairs
d. Are usually symmetrical
e. Occur in significant association with alopecia areata.

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ACNE VULGARIS

294- Some individuals have severe acne than others, this may be due to:

a. Taking certain kinds of food
b. Increase virilization
c. Skin difference of colonization of pitrosporon acne
d. Abstinance of sexual intercourse
e. Androgen sensitivity of sebacous glands
f. Masturbation

295- Acne is a self limited disease, its resolution occurs at the age of:

a. 25 years b. 30 years
c. 40 years d. 50 years

296- The outer half of comedo is black, this is due to:

a. Action of pitrosporon acne on the sebum
b. Presence of dust
c. Presence of melanin granules

297- Acne occurs predominantly on:

a. Back b. Face
c. Chest d. Scalp

298- Acne on the scalp is:

a. Common because of the high number of sebacous glands.
b. Rarity, because the site of comedoes are the site of lanugo hair

299- Exposure to certain chemicals could produce acneform eruption as:

a. Cutting oil, lubricant oil
b. Developers of colour films
c. Insecticides, fungicides, herbecides, and wood preservatives
d. Plastics, glues, adhesive tape
e. Hair preparations

300- Some drugs may aggrevate acne vulgaris or induce acneform eruption:

a. ACTH and corticosteroids

b. Trimethoprim sulphamethoxazole (septrin)
c. Isonicotinic acid hydrazide
d. Tetracyclin
e. Iodides and bromides
f. Phenobarbitone
g. Vitamin A
h. Vitamin B_{12}

301- The primary lesion of acne vulgaris is:

a. Papule
b. Pustule
c. Nodule
d. Comedo
e. Cyst

302- Acne will not take away life but its enjoyment because:

a. Permanent scars
b. Malodorous cyst
c. Tender abscess
d. Black comedones
e. Erythematous papules
f. Non of the above

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LUPUS ERYTHEMATOSUS

303- The most commonly affected site of chronic discoid L.E. is:

a. Trunk
b. Scalp
c. Face

304- Mucous membrane involvement in discoid L.E.:

a. Does not occur
b. Is usually on the lips
c. May cause ulceration
d. Does not result in scarring
e. Indicates imminent progression to systemic L.E.

305- Discoid L.E. scalp lesions may result into:

a. Temporary non-cicatricial alopecia

b. Permenant cicatricial alopecia

c. Diffuse hair loss with patchy accentuation

306- Discoid L.E. lesion face lesion may be in the course of time:

a. Thin white scarred area

b. Raised red border or zone of hyperpigmentation

c. The lesion may show patches of leukoderma interspersed with hyperpigmented areas

d. Non of the above

307- Commonest initial manifestation of systemic L.E. is:

a. Cutaneous b. Articular

c. Pleuritic d. Fever of undetermined origin

e. Non of the above

308- Incidence of cutaneous lesions in systemic L.E. is about:

a. 10% b. 25% c. 50% d. 80% e. 100%

309- Commonest cutaneous eruption in systemic L.E. is:

a. Erythema of light exposed areas

b. Butterfly blush

c. Discoid lesions

d. Erythema of the palms

e. Diffuse morbiliform erythem

310- Purpura in systemic L.E. is LEAST likely to be due to:

a. Arteritis b. Thrombocytopenia

c. Steroid therapy   d. Coagulation disorder
e. Infection

311- Renal manifestation most often associated with a poor prognosis in systemic L.E. is:
a. Glycosuria   b. Proteinuria
c. Cylinduria   d. Pyuria
e. Nephrotic syndrome

312- In pregnant women with systemic L.E.:
a. There is a high incidence of abortion
b. There is a high incidence of prematurity
c. Prednisone therapy regularly induces fetal abnormalities
d. The chances of an acute excerbation are decreased
e. Prednisone therapy is ineffective

313- Drugs most frequently implicated in the precipitation of systemic L.E. include:
a. Chloroquine   b. Hydantoins
c. Hydralazine   d. Aspirin
e. Phenobarbital

Tick the correct answer:
The female to male ratio in:
314- Chronic discoid L.E.
315- Systemic L.E.
a. 1 : 3   b. 2 : 1   c. 4 : 1   d. 1 : 5

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ALOPECIA

316- Normal human scalp hair growth at a daily rate of about:

a. 0.1 mm b. 0.35 mm

c. 1.0 mm d. Non of the above

317- Human adult finger nail growth at daily rate of about:

a. 2 mm b. 1 mm c. 0.035 mm d. 0.1 mm

318- In the first few months of infancy, alopecia is often seen because:

a. Trauma

b. Loss of hair synchronized to telogen phase

c. Telogen effluvium d. Cradle cap

319- Factors required for the development of common male pattern baldness include:

a. A genetic predisposition

b. Sufficient androgenic stimulation

c. Sufficient age

e. Abnormally high androgen levels

f. Seborrheic dermatitis

320- Common male pattern baldness in women

a. Does not occur

b. Is always accompanied by hirsutism

c. May be accompanied by virilization

d. Is usually less severe than in men

e. Does not occur prior to age 40

321- Hirsutism is:

a. Excessive hair growth
b. Abnormal hair growth
c. Excessive secondary sexual hair growth
d. Growth in the female of terminal hair in the adult male sexual pattern
e. Non of the above

322- The majority of cases of hirsutism:

a. Manifest virilization
b. Have congenital adrenal hyperplasia
c. Have no other apparent abnormalities
d. Develop after menopause
e. Are in males

323- Ophiasis is:

a. A parasitic disease
b. A disease of the eyes
c. A disease of the hair
d. Growing together of the eyebrows
e. Non of the above

324- Poliosis is:

a. An enteric virus infection
b. A skeletal deformity
c. A patchy hypomelanosis of hair
d. A form of alopecia
e. Non of the above

325- The subjective symptom in alopecia areata is:

a. Itching   b. Pain   c. Non   d. Stinging

326- Alopecia areata is:

a. Cut short hair in a circumscribed patch
b. Total loss of hair from discrete areas
c. A patchy hypomelanosis of hair
d. Diffuse hair loss with some patchy accentuation
e. The patch shows hair with great variation in length i.e. broken at varying lengths above the scalp

327- The hair loss in alopecia areata is:

a. Gradual b. Sudden c. In wave

328- The presence of exclamation mark hair at the periphery of an area of alopecia areata means that the patch is going to:

a. Recover b. Progress c. Be stationary

329- Poor prognosis is expected if we find any of the following:

a. Exclamation mark hair b. Ophiasis
c. Alopecia areata associated with atopy
d. Alopecia totalis occurring before puberty
e. Alopecia areata on the beard area
f. Alopecia areata during pregnancy

330- The number of hairs which may fall normally from scalp of human being daily is:

a. 10 b. 30 c. 50 d. Less than 100
e. More than 100

331- Tick the drugs which may cause diffuse falling of hair:

a. diuritics b. Heparin
c. Antimitotic e.g. methotrexate
d. Testesterone e. Thiuracil (antithyroid)
f. Iron g. Excess vitamin A

332- The commenst site of alopecia areata is:
a. Leg b. Eyelashes and eyebrows
c. Scalp d. Beard
e. Moustach f. Pubic hair

333- The course of a patch of alopecia areata is:
a. Gradual extension b. Variable
c. Stationary
d. Appearance of further patches simultaneously in any part of the scalp

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SYPHILIS

334- The chancre of primary syphilis (untreated):

a. Usually appears within one week after infection

b. Usually appears before the serology is positive

c. Always vanishes before secondary lesions appear

d. Is always single

e. Is usually tender

335- If darkfield examination fails to reveal spirochetes from a penile chancre then diagnosis may be established alternatively by:

a. VDRL

b. Darkfield examination of blood

c. Darkfield examination of aspirate from a regionally enlarged lymph node

d. TPI (Treponema pallidum immobilization test)

e. Any of the above

336- A painful ulcer on the genitalia could be:

a. Chancre b. Chancroid

c. Lymphogranuloma inguinale (venereum)

d. Herpes simplex e. Granuloma inguinale

337- Hard or indurated ulcer on the genitalia could be:

a. Chancre b. Chancroid

c. Lymphogranuloma inguinale (venereum)

d. Herpes simplex e. Granuloma inguinale

338- Persons whose syphilis progresses through the secondary stage without treatment may, on re-exposure, fail to develop lesions of early syphilis because:

a. They have develop immunity to syphilis
b. Their skin has become resistant to penetration by the spirochetes
c. They have become refractory to early lesion
d. They have tertiary syphilis
e. Non of the above

339- Lymph gland enlargement associated with genital chancre:

a. Bilateral
b. Single gland affection
c. The glands are soft in consistency
d. The inguinal glands are matted
e. The glands are attached to the skin and deep structures
f. There is no sinus formation
g. The enlarged lymph glands are painless

340- Lymph gland enlargement associated with chancre on the index finger:

a. Bilateral enlargement of axillary lymph glands
b. Enlargement of epitrochlear lymph glands are unusual
c. The chancre is painful

341- Tick the correct answer:

Syphilitic chancre:

a. Never multiple
b. Painless
c. Heals in 4-5 days
d. Its excision will cure syphilis
e. Positive darkfield examination is mandatory for diagnosis of syphilitic chancre

f. Re-infection can result in development of new syphilitic chancre

g. Healing of chancre is never a proof of cure of syphilis

342- Lymphogranuloma inguinal (Venereum):

a. Caused by hemophilus ducreyi

b. Caused by calymmatobacterium granulomatis

c. Caused by chlamydia trachomatis

d. Caused by treponema pallidum

343- The causative organism of chancroid can be demonstrated by:

a. Darkfield examination

b. Gram stain

c. Glood examination

d. Histopathologic examination

e. Yolk sac of chick embryo

344- In Wasserman test, we use:

a. Patient's blood

b. Patient's serum

c. Patient's urine

d. Patient's C.S.F.

e. Intradermal test

345- The causative organism of syphilis is:

a. Treponema pertenue

b. Treponema carateum

c. Treponema pallidum

d. Treponema microdentium

e. Bacillus refringens

346- The following syphilitic lesions are considered contagious:

a. Gumma

b. Chancre

c. Cardiovascular syphilis
d. C.N.S. syphilis
e. Secondary syphilis
f. Early congenital syphilis
g. Late congenital syphilis

347- Darkfield examination cannot be positive in:
a. Chancre
b. Gumma
c. Secondary stage of syphilis
d. Early congenital syphilis

348- Darkfield examination, we use:
a. Special microscope
b. Special condenser
c. Special mirror
d. Special eye lens
e. Special objective lens

349- Lymph gland enlargement associated with developing syphilitic chancre occurs:
a. Simultaneously
b. Seldom before the seventh day of the life of the chancre
c. Often one month after the appearence of the chancre
d. After several months

350- Which of the following statements regarding secondary syphilis is incorrect:
a. Lesions usually appear 9-90 days after infection
b. Lesions usually involve palms and soles
c. Most lesions contain spirochetes
d. Lymphadenopathy is usually absent
e. Lesions seldom itch

351- **Persons whose syphilis progresses through the tertiary stage without treatment, fail to develop lesions (chancre on re-exposure)because:**

a. They have develop immunity to syphilis
b. Their skin become resistant to penetration by the spirochetes
c. They have become refractory to re-infection
d. They have scar of previous chancre
e. Non of the above

352- **Tick the correct statment:**

a. The diagnosis of chancre is no longer a clinical but a laboratory problem
b. Diagnosis of secondary syphilis is a serological problem
c. Syphilitic vaccine had been developed
d. The apparently normal mother of congenital syphilitic child is herself syphilitic
e. The chances to have a normal child in a normal woman are 3 out of 4 pregnancies but it is one in 6 in syphilitic woman

353- **The expected cure rate from treatment of early syphilis with penicillin injection is about:**

a. 100%   b. 95%   c. 85%   d. 75%   e. 65%

354- **The Jarish-Herxhimer reaction:**

a. Is due to a metabolite of penicillin
b. Occurs in about 10% of cases of early syphilis treated with penicillin
c. Is a focal exacerbation of infective lesions

d. Is actually a type of serum sickness
e. Occurs only with heavy metal therapy

355- The possibility of an immediate allergic reaction to penicillin is:
a. Significant only in atopics
b. Predictable by nistory
c. Unpredictable
d. Usually predictable by intradermal tests with penicillin
e. Predictable by serum IgM antibody levels.

356- Resolution of syphilitic chancre:
a. Phagedenic balanitis
b. Thin atrophic scar
c. Tendency to central or one sided healing with peripheral extension
d. May leave no trace

357- Congenital syphilis is extremly rare to affect:
a. C.N.S. b. Cardiovascular system
c. Eye d. Osseous system

358- Tick the correct statement:
Syphilitic leukoplakia is (are):
a. Sharply defined, silvery and roughened patch.
b. Treponema pallidum can be demonstrated by dark-field examination
c. Treatment for syphilis has no effect on fully developed leukoplakia
d. In leukoplakia, look backward toward syphilis and forward toward cancer

e. Syphilitic patient has to give up smoking.

359- Tick the correct data:

Gummatous ulcer is (are):

a. Well defined   b. Punched out

c. Contain spirochetes   d. Painfull

e. Accompanied with enlarged lymph glands

f. Floor covered with wash leather slough

360- Oral trimethoprim-sulfamethoxasole (septrim) can be used in treatment of:

a. Lymphogranuloma inguinal (venereum)

b. Chancre

c. Chancroid

d. Gonorrhea

e. Herpes genitalis

361- Vesicular eruption may be seen in:

a Acquired secondary syphilis

b. Late congenital syphilis

c. Tertiary syphilis

d. Early congenital syphilis

e. Chancroid

f. Condyloma accuminatum

362- Tick the correct description of syphilitic alopecia:

a. Small patches, numerous with some diffuse thinning giving moth eaten appearance

b. No permenant atrophy or scarlike changes

c. Usually temporary hair loss

d. Signs of concomitant early syphilis

363- Untreated cases of syphilitic chancre or acquired secondary syphilis will develop tertiary syphilis in:

a. 20% b. 40% c. 60% d. 80% e. 100%

364- Syphilis during pregnancy can be transmitted to the fetus in:

a. First month of pregnancy
b. Third month of pregnancy
c. Fourth month of pregnancy
d. Sixth month of pregnancy
e. Second month of pregnancy

365- Unmarried syphilitic person should postpone his marriage:

a. Four one year
b. For two years
c. For three years
d. Until all serological tests become negative.
e. Two years after all serological tests become negative.

366- Treponema pallidum can be demonstrated in the following body fluids in syphilitic patient:

a. Blood
b. C.S.F.
c. Saliva
d. Semen
e. Vaginal secreation
f. Breast milk

367- Infectivity of treponema pallidum in refrigerated citrated blood can be demonstrated up to:

a. One day
b. 3 days
c. 5 days
d. One week

e. 2 weeks f. One month g. 3 months

368- The suspicous symptoms of syphilis:

a. Miscarriages and stillbirth
b. Protracted headache
c. Pain (especially nocturnal) persistant in isolated bones and joints
d. Vomiting (persistant or periodic)
e. Failing or double vision
f. Bladder hesitancy
g. "Pink eye" lasting more than 10 days
h. Sudden deafness
i. All of the above

369- The suspicous signs of syphilis:

a. The genital or anal erosion, ulcer, papule, ring, or scar.
b. Patchy hair loss
c. General lymph node enlargement
d. The pupils, unequal, slow or fixed to light
e. The dropped eyelid
f. Absent ankle and knee reflexes
g. The sudden cord paralysis
h. The atrophic, smooth or deeply scarred, or heavily leukoplakic tongue
i. Palpable induration and arciform configuration with scar in any skin lesion
j. All of the above

370- Sexual intercourse and kissing are the sources of acquired syphilis in:

a. 50% of cases b. 75% of cases

c. 95% of cases
d. 100% of cases

371- Wasserman test is falsly positive in:
a. Tuberculosis
b. Malaria
c. Yaws
d. Leishmaniasis
e. Bejel
f. Leprosy
g. Chicken pox

372- Tick the correct statement:
The presence of a scar of a chancre means:
a. Immunity against re or super infection persists indefinitely throughout life
b. For reinfection to occur, syphilis must be completely cured
c. Healing of secondary stage does not mean sterilization of the tissues of the patient
d. The scar of a chancre is never a proof of cure
e. The patient after healing of the chancre is still dangerous to community for years, if not completely treated

373- Screening serological tests for syphilis has to be done to:
a. Blood donors
b. Food handlers
c. Immigrants
d. Those intending marriage
e. Antenatal care: in the first trimester

374- Sexually transmitted diseases are increasing. This may be due to:
a. Addiction
b. Permissiveness

c. Immigration　　　d. Mass information

e. Lack of religious knowledge

375- A finding which is NOT characteristic of lympho-granuloma venereum is:

a. A necrotic chancre in females

b. Inguinal lymphadenitis in males

c. Rectal stricture and fistulae in females

d. Genital lymphedema in both sexes

376- The diagnosis of tertiary syphilis requires:

a. History and physical examination

b. History, physical examination and blood serology

c. Blood serology and spinal fluid serology

d. History and physical examination, blood and spinal fluid serology, and chest X-ray

d. Non of the above

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GONORRHEA

377- Gonorrhea in males is acquired through:

a. Accidental infection

b. Sexual contact through vagina

c. Contaminated fingers

d. Sexual contact through rectum

e. Intracrural sexual activity

f. Sexual contact through oral cavity

g. Towels　　　h. Lavatory seats

i. Urinating on hot stone　j. Bite of a tick

378- Incubation period of gonorrhea:

a. 2-5 days b. 2-5 weeks c. 9-90 days

379- Symptoms of gonorrhea:

a. Burning sensation on urination

b. Terminal pain on urination

c. Purulent urethral discharge

d. Hematuria e. Urgency

f. General malaise

380- Treatment of gonorrhea should begin:

a. If gram stain is positive

b. After the result of culture

c. After the result of syphilitic serological tests

d. After the result of complement fixation test

381- Urethral discharge will stop after:

a. One week b. 2-3 weeks

c. One month d. 2 months

e. 3 months f. Never stop

382- Untreated case of gonorrhea will end by:

a. Burn itself b. Asymptomatic carrier

c. Complications of gonorrhea

383- Mucopurulent urethral discharge may be due to:

a. Gonorrhea b. Trichomoniasis

c. Gout d. Balanitis

e. Cystitis with descending spread to urethra

f. Mycoplasma and chlamydia

g. Lymphogranuloma venereum

384- Causes of asymptomatic male carrier:

a. Sexual contact to a proven case of gonorrhea
b. Self or quack treatment
c. Use of condom
d. Underdosage of antibiotics
e. Immediate urination after sexual intercourse

385- Nowdays, complications of gonorrhea may occur in:

a. 1.2% b. 10% c. 50% d. 90%

386- Acute epididymitis may be due to:

a. Hydrocele b. Gonorrhea
c. Urinary tract infection d. Varicocele
e. Non specific uretheritis f. Inguinal hernia
g. Mumps h. Spermatocele
i. Torsion of testis

387- If epididymitis occurs bilaterally, it will cause:

a. Aspermia (no ejaculation)
b. Sterility c. Hemospermia
d. Premature ejaculation e. Impotence

388- Gonococcal proctatitis in men may be due to:

a. Contaminated gloves
b. Rectal intercourse (Passive homosexuality)
c. Accidental infection by fingers
d. Prostatic abscess
e. Contaminated instruments

389- Gonococcal proctatitis in female may be due to:

a. Infectious pus running from vagina to anus

b. Digital foreplay

c. Pre-anal contamination prior to vaginal intercourse

d. Masturbation

390- Samples from suspected woman having gonorrhea should be taken from the following sites:

a. Urethra b. Cervical os

c. Rectum d. Pharynx

e. Vaginal (posterior fornix)

391- Negative cervical samples from? gonococcal female should be repeated:

a. Once every day for 3 days

b. Once every week for 4 weeks

c. Once every other day for 3 times

d. Before and after menstruation

392- Men are treated for gonorrhea; women suffer from it. The complications in females occur in:

a. 1.5% b. 5% c. 10% d. 30%

e. 50% f. 75% g. 90%

393- Salpingitis may be due to:

a. Gonococcal infection b. E. coli

c. Streptococcal infection

d. Staphylococcal infection

e. Retroversion of uterus

f. Lymphogranuloma venereum

g. Presence of an intra-uterine contraceptive device

h. Mycoplasma, chlamydia i. Orgasm

394- Gonococcal salpingitis may cause:

a. Pyosalpinx
b. Hydrosalpinx
c. Subfertility
d. Ectopic pregnancy
e. Sterility

395- A prophylactic measure for gonococcal ophthalmia neonatorum:

a. Instillation with silver nitrate
b. Antibiotic eye drops
c. Painting the vagina and the cervix by antibiotic ointment

396- Ophthalmia neonatorum was responsible for:

a. 10% of blindness
b. 20% of blindness
c. 30% of blindness
d. 50% of blindness
e. 75% of blindness

397- Gonococcal vulvovaginitis in children may be caused by:

a. Towels
b. Thermometers
c. Toilet seats
d. Intracrural intercourse
e. Sex play with another child or an adult
f. Sharing bed between a girl and infected old female
g. Non of the above
h. All of the above

398- Gonococcal vulvovaginitis in children could simulate:

a. Infestation by thread worms
b. Foreign body with secondary infection in child's vagina
c. Candidiasis

399- Recurrent attacks of gonorrhea mean:

a. Relapse b. Re-infection

c. Failure of treatment

400- A patient has gonorrhea and genital sore at the same time, what are you going to give until you establish the nature of the genital sore:

a. Streptomycin b. Erythromycin

c. Kanamycin d. Tetracycline

e. Trimethoprim sulphamehoxazole

f. Non of the above.

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ANSWER KEY

1. a
2. c
3. d
4. a
5. a, d
6. a, c
7. a, b, c, d, e
8. a, b, e, f
9. a, b, d
10. a, c, d
11. b
12. b
13. c
14. b
15. a, c
16. b
17. b, c, d
18. b, d
19. a, c, e
20. c
21. c
22. b
23. b
24. c
25. b, c, e, f
26. b, d f
27. b, d
28. a
29. c
30. f
31. c
32. b, c
33. b
34. c
35. a
36. b
37. b,c
38. b
39. d
40. b
41. b
42. a, b, c
43. c
44. a, c, e
45. f
46. a, c, e, f
47. a, c, f
48. b
49. a, b, c, d
50. d
51. b
52. a, c
53. c
54. c
55. c
56. b, d, f

57. a, c, e, f, j
58. b, c, d, g, h, i
59. d
60. a, b, c
61. b
62. b
63. c
64. a, c, e, f, g, i, j
65. b
66. d
67. a
68. b
69. b, e, g, i
70. b
71. b
72. j
73. a, g
74. c, f
75. b, d, e
76. i
77. h
78. b
79. b, d, e. g
80 b
81. b
82. d
83. c
84. e
85. b, c, f
86. a, d e, g, h
87. c
88. a
89. b, c, f, i, k
90. a, d, e, h, j
91. a, b
92. a, b, c
93. c, e
94. a
95. c
96. b
97. c
98. c
99. a, b, c, d
100. b, c, e, g
101. b
102, b
103. c
104. c
105. c
106. c
107. c
108. b
109. b
110. c
111. b
112. b, d
113. b
114. b, d
115. b
116. b

117. b
118. b, c
119. a,b,c
120. b, c, e, f
121. a, d
122. b
123. b
124. c
125. b
126. a
127. c, d
128, b, c
129. b, c
130. a, c
131. a, d
132. c
133. b
134. b
135. c
136. b
137. a
138. a
139. f
140. c
141. d
142. a
143. b
144. e
145. c
146. b, d
147. g
148. b
149. c
150. b
151. b, d
152. b
153. a, c, g
154. h
155. c
156. b, d,
157. b
158 d
159. b
160. a
161. c
162. a, c, f, h
163. b,c,d,e,f,h,j,k,l,n
164. a, b, c
165. c
166. b
167. d
168. c
169. b
170. d
171. b
172. c
173. a
174. b,e

175. c	176. b
177. d	178. e
179. e	180. d
181. b	182. b
183. d	184. e
185. e	186. e
187. b	188. c
189. b	190. a
191. a, b	192. b
193. b	194. a, c, f, g, j
195. b, d, e, h, i	196. a,,b,c,d,e,f,g,h
197. a, b, d	198. c
199. a, b, c, d, e	200. c
201. d	202. a, d, f
203. b, c, e	204. b
205. a, b, e	206. c
207. c	208. d
209. a	210. e, f
211. b, c	212. b
213. a	214. b
215. a	216. b
217. e	218. a
219. c	220. b
221. d	222. e
223. a, b	224. a, b, d, f, g
225. b	226. b
227. d	228. c
229. a, c, e	230. c
231. b	232. c
233. a, b, c, d, e	234. a, b, c

235. a, b, c, d
236. e
237. a, b, c, d, e
238. b
239. a, b, c
240. a, b, d, e
241. b
242. b, c, e
243. c
244. e
245. d
246. b
247. c
248. a, d, e, k
249. c
250. b
251. b, d
252. b
253. a, b
254. d
255. a, b, c, d, e
256. d
257. b, e
258. c
259. d
260. a
261. b
262. b
263. c
264. e
265. a, c
266. a
267. a, e
268. a, b
269. b
270. a
271. d
272. c
273. b
274. a
275. b
276. a, d, e
277. b
278. b
279. b
280. a
281. c
282. c
283. d
284. f
285. b
286. a,b
287. b
288. b
289. a, c
290. d
291. a
292. f
293. a, d, e
294. c, e
295. a
296. c

297. b
298. b
299. a, c, e
300. a, c, e, f, h
301. d
302. a, b, c, d, e
303. c
304 b
305. b
306. a, b, c
307. b
308. d
309. a
310. d
311. e
312. a, b
313. b, c
314. b
315. c
316. b
317. d
318. b
319. a, b, c
320. c, d
321. d
322. c
323. c
324. c
325. c
326. b
327. b
328. b
329. b, c, d
330. d
331. b, c, e, g
332. c
333. b
334. b
335. c
336. b,d
337. a, e
338. c
339. a, f, g
340. b, c
341. b, e, g
342. c
343. b
344. b, d
345. c
346. b, e, f
347. b
348. b
349. b
350. d
351. c
352. a, b, d, e
353. d
354. c
355. d
356. b, d

357. b
358. a, c, d, e
359. a, b, f
360. a, c, d
361. d
362. a, b, c, d
363. b
364. c
365. e
366. a, b, c, d, e. f
367. b
368. i
369. j
370. c
371. b, c, e, f
372. a, b, c, d, e
373. a, b, c, d, e
374. a, b, c, d, e
375. a
376. d
377. b, d, f
378. a
379. a, c, e, f
380. a
381. b
382. b, c
383. a, b, e, f
384. a, b, d
385. a
386. b, c, e, g, i
387. b
388. b
389. a, c
390. a, b, c, d, e
391. b
392. c
393. a, b, c, d
394. a, b, c, d, e
395. b
396. c
397. h
398. a, b, c
399. b
400. a, c, e

>>>o<<<

المؤلف فى سطور

- دكتور عبد الحميد محمد عبد العزيز
- استاذ الامراض الجلدية والتناسلية بطب الأزهر
- دكتوراه فى الأمراض الجلدية والتناسلية
- عضو الجمعية الطبية الملكية بانجلترا
- عضو جمعية الميكرسكوب الملكية بانجلترا
- عضو الجمعية الدولية لطب المناطق الحارة
- عمل بمستشفيات جامعة برمنجهام بانجلترا (كوين اليزابيث - العام - الأطفال) من عام ١٩٧١ حتى عام ١٩٧٤ وكانت من مهامه التدريس لطلبة برمنجهام والعمل فى مراكز الأبحاث الطبية بالجامعة ٠
- له المؤلفات الآتية :

1) Notes in Dermatology and Venereology

الناشر : دار الكتاب الجامعى

2) Skin and venereal diseases: Questions and Answers

الناشر : دار الكتاب الجامعى ٠

3) Fundamentals of skin pathology.

الناشر : دار الكتاب الجامعى ٠

4) Coloured Atlas of skin and venereal diseases.

الناشر : الزهراء للاعلام العربى ٠

5) Therapy.

الناشر : دار الكتاب الجامعى ٠

(٦) أمراض الرجال — الناشر : كتاب اليوم الطبى
(٧) الجنس والانجاب — الناشر : دار الفكر العربى
(٨) الزنا والسيلان — الناشر : دار الفكر العربى
(٩) الايدز — الناشر : دار الفكر العربى

(١٠) الطب والاسلام — الناشر : كتاب اليوم الطبى
الجزء الأول : ابريل ١٩٨٨
الجزء الثانى : مايو ١٩٨٩
الجزء الثالث : ابريل ١٩٩٠

(١١) العرق ومتاعبة — الناشر : دار الفكر العربى
(١٢) ماذا تعرف عن جلدك — الناشر : دار الكتاب الجامعى
(١٣) جلدك يكشف اسرارك — الناشر : دار الفكر العربى
(١٤) جمال شعرك — الناشر : دار الفكر العربى

كتب تحت الطبع

- الاداء الجنسى
- عقم الرجـــال
- الزواج والجنس
- حكايات طبيــة